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## State of New Mexico Energy, Minerals and Natural Resources Department

## **OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

NSTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

DISTRICT B P.O. Drawar DD, Arlesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Accesor  |                     |  |                     |               |  |                                       | We                  | a api no.             |                 |             |  |
|--|---------------------|--|---------------------|---------------|--|---------------------------------------|---------------------|-----------------------|-----------------|-------------|--|
| ARCO 011 and G   | as Compa            | ny   |                     |               |  |                                       |                     | 3                     | 0-025-          | 11798       |  |
| Address  |                     |  |                     |               |  |                                       |                     |                       |                 |             |  |
| P.O. Box 1710  | - Hobbs,            | New M  | exico               | 8824          | 1-1710   |                                       |                     |                       |                 |             |  |
| Resson(s) for Filing (Check proper b                                       | σ <b>x</b> )        | _  |                     |               | $\mathbf{x}$   | Other (Please ex                      | plain) Cha          | nge Wel               | 1 Name J        | From        |  |
| lew Well   |                     | Change in Transporter of:  |                     |               |  | CARLSON B-26 # 0                      |                     |                       |                 |             |  |
| Recompletion   | Oil<br>Colore       |  |                     |               |  |                                       |                     |                       |                 |             |  |
| hange in Operator  |                     |  |                     |               | Effective: /-/   |                                       |                     |                       |                 | 73          |  |
| ad address of previous operator  |                     |  |                     |               |  |                                       |                     |                       |                 |             |  |
| L DESCRIPTION OF WE  | I F AND II          | FACE   |                     |               |  |                                       |                     |                       |                 |             |  |
| ease Name  | LL AND L            | Well No  | Pool N              | tame Inch     | ding Formatio  |                                       | Kin                 | of Lease              |                 | Lease No.   |  |
| South Justis Unit  | 11 /7 11            | 26   | 1                   |               | •  | rubb Drin                             | 10-                 | Federal or I          | ice /           |             |  |
| ocation  |                     |  | 1003                | CIS DI        | INCULY .   | CODD DIIN                             | Karu                |                       | 1200            | 32579       |  |
| Unit Letter  | . 3                 | 30   | Foot P              | mm The        | EAST   | ine and 9                             | 90                  | East Error The        | . 5011          | -4 ·        |  |
|  | ·····               |  |                     | .011 110 _    |  |                                       | <u> </u>            | oct Linute 10s        | ,               | Line        |  |
| Section 26 Tow   | nahip 2             | 5S   | Range               | 3             | 7E .1  | NMPM,                                 | Le                  | a                     |                 | County      |  |
|  |                     |  |                     |               |  | _                                     |                     |                       |                 |             |  |
| I. DESIGNATION OF TR   |                     |  |                     | D NATU        |  |                                       |                     | <del> </del>          |                 |             |  |
| ame of Authorized Transporter of O   | لقبا                | or Conde   | asste               |               | Address (Give address to which approved copy of this form is to be sent)                                       |                                       |                     |                       |                 |             |  |
| Texas New Mexico Pi  | neline Co           | mpany  |                     | <u></u>       | P.O. Box 2528 - Hobbs, NM 88241-2528  Address (Give address to which approved copy of this form is to be sent) |                                       |                     |                       |                 | 528         |  |
| ums of Authorized Transporter of Ci  | •                   |  | or Dry              |               |  |                                       |                     |                       |                 | tent)       |  |
| Sid Richardson Carbo well produces oil or liquids.                         | on_and_Ga<br>  Unit | isoline<br><b>Is</b> ∝   | Comp.               |               |  | Box 1226  By connected?               | - Jal,<br>When      |                       | 52              |             |  |
| e location of tanks.   |                     | •  | 125                 | 37            | 1 -  | YES                                   | i wasi              | -                     | TNOW.           | . /         |  |
| his production is commingled with t  | hat from any of     |  |                     |               | <del></del>  |                                       |                     | DIVI                  | NOW.            | <u>~</u>    |  |
| . COMPLETION DATA  | ,,,                 |  |                     |               |  |                                       |                     |                       |                 | <del></del> |  |
|  |                     | Oil Well   | (                   | as Well       | New Well   | Workover                              | Deepea              | Plug Back             | Same Res'v      | Diff Res'v  |  |
| Designate Type of Completic  |                     |  |                     |               | <u> </u>   |                                       | <u> </u>            | Ĺ                     | i               | 1           |  |
| to Spudded   | Date Com            | pl. Ready to   | Prod.               |               | Total Depth  |                                       |                     | P.B.T.D.              |                 |             |  |
| OF BEE OF CO.  | <u> </u>            | 4 P.   |                     |               | Top Oil/Gas  | Day                                   |                     | <u> </u>              |                 |             |  |
| vations (DF, RKB, RT, GR, etc.) Name of Producing Formation                |                     |  |                     |               | Top On Oas   | ,                                     |                     | Tubing Depth          |                 |             |  |
| forations  | <del> </del>        |  |                     |               | Depth Casing Shoe  |                                       |                     |                       |                 |             |  |
|  |                     |  |                     |               |  |                                       |                     |                       | g sace          |             |  |
| · · · · · · · · · · · · · · · · · · ·                                      | 1                   | UBING.   | CASIN               | G AND         | CEMENTI  | NG RECOR                              | D                   | <u> </u>              |                 |             |  |
| HOLE SIZE  |                     | CASING & TUBING SIZE   |                     |               |  | DEPTH SET                             |                     |                       | SACKS CEMENT    |             |  |
|  |                     |  |                     |               |  |                                       |                     |                       |                 |             |  |
|  |                     |  |                     |               |  |                                       |                     |                       |                 |             |  |
|  |                     |  |                     |               |  |                                       |                     |                       |                 |             |  |
| MECON DAMA AND DESCRIP   |                     | *  |                     |               |  |                                       |                     | <u> </u>              |                 |             |  |
| TEST DATA AND REQUI  |                     |  |                     |               |  |                                       | and the firm of the |                       |                 |             |  |
| : First New Oil Rus To Tank  |                     | nt be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.) |                     |               |  |                                       |                     |                       |                 |             |  |
|  | Date of Tea         | •  |                     |               | , roccount ,   |                                       | , 4. 83., c         | ,                     |                 |             |  |
| zth of Test  | Tubing Pres         | Tubing Pressure  |                     |               | Casing Pressure  |                                       |                     | Choke Size            |                 |             |  |
| -  |                     |  |                     |               |  |                                       |                     |                       |                 |             |  |
| al Prod. During Test   | Oil - Bbis.         | Oil - Bbls.  |                     |               |  | Water - Bbls.                         |                     |                       | Gas- MCF        |             |  |
|  |                     |  |                     | 1             |  |                                       |                     |                       |                 |             |  |
| S WELL   |                     |  |                     |               |  |                                       |                     |                       |                 |             |  |
| al Prod. Test - MCF/D  | Length of Test      |  |                     |               | Bbls. Condenmie/MMCF   |                                       |                     | Gravity of Condensate |                 |             |  |
|  | -                   |  |                     |               |  |                                       |                     |                       |                 |             |  |
| ng Method (pitot, back pr.)  | Tubing Pres         | aire (Shut-i   | <b>a)</b>           |               | Casing Pressur   | re (Shut-in)                          |                     | Choke Size            |                 |             |  |
|  |                     |  |                     |               |  | <del> </del>                          |                     | <del></del>           |                 |             |  |
| <b>OPERATOR CERTIFIC</b>   |                     |  | -                   | E             |  | IL CONS                               | SEDVA               | TION C                | M/10101         | <b>.</b> 1  |  |
| bereby certify that the rules and regu                                     |                     |  |                     |               | U  | IL CON                                |                     |                       |                 | N           |  |
| ivision have been complied with and<br>true and complete to the best of my |                     |  | above               |               |  |                                       | J                   | 4N - 7 1              | <u> </u>        |             |  |
| / /  |                     |  |                     |               | Date .   | Approved                              |                     |                       |                 | <del></del> |  |
| 1  | Cha                 |  |                     |               | _  |                                       |                     |                       |                 |             |  |
| page .   |                     |  |                     |               | By   | ORIGINAL SI                           |                     |                       | <del>aran</del> |             |  |
| mes D. Coghurn - Overations Coordinator                                    |                     |  |                     |               | DISTRICT I SUPERVISOR  |                                       |                     |                       |                 |             |  |
| isled Name<br>/-/-9-3  | (                   | <b>T</b><br>505) 3   | <b>rue</b><br>91_16 | 00            | Title_   | · · · · · · · · · · · · · · · · · · · | <del></del>         |                       |                 |             |  |
| **   |                     |  | one No.             | <del>~~</del> |  |                                       |                     |                       |                 |             |  |
|  |                     |  |                     |               |  |                                       |                     |                       | نجييجتا         |             |  |
|  |                     |  |                     |               |  | -                                     |                     |                       |                 | =           |  |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened/well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

  3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

  1) Separate Form C-10d must be filed for each root in multiply completed state.